

(FORM MUST BE FILLED OUT IN BLACK INK OR TYPED)
CERTIFICATE OF BUSINESS NAME
FOR INDIVIDUALS/SOLE PROPRIETORSHIP

CERTIFICATE REQUIRED TO BE FILED BY A PERSON CONDUCTING BUSINESS IN THE COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME

I hereby certify in accordance with the provisions of 59.1-69 of the 1950 Code of Virginia that I am conducting the business of

(Type of Business)

at _____
 (Street Address) **(City)** **(State)** **(Zip Code)**
Loudoun County, Virginia under the name of:

Name of Business

And that no other person has any interest of any kind in said business and that I am the sole owner and proprietor thereof.

Name: _____

My Post Office address is: _____

My Residence address is: _____

Home Phone number: (____)_____/Business phone (____)_____

Given under my hand this _____ day of _____, _____

Commonwealth of Virginia
County of Loudoun, to-wit:

I, the undersigned Deputy Clerk (Notary Public) in and for the Commonwealth and County aforesaid, do hereby certify that _____
Whose name is signed to the foregoing and hereunto annexed Certificate dated the _____ day of _____, _____ has this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this _____ day of _____, _____

My Commission Expires: _____
Deputy Clerk (Notary Public)